

Annual Physical Exam

Patient information	
Name:	
Date of birth:	Gender:
Vital signs	
Blood pressure:	Heart rate:
Respiratory rate:	Temperature:
Medical history	
Current medications:	Known allergies:
Past medical conditions:	Family medical history:
Lifestyle factors	
Dietary habits:	Exercise routine:

Sleep patterns:	Substance use:
Physical examination	
General appearance:	Appearance and hygiene:
Nutritional status:	Behavior and mood:
Systems examination	
Cardiovascular system:	Respiratory system:

Musculoskeletal system:	Neurological system:
Gastrointestinal system:	Dermatological examination:
Screening tests	
Blood glucose:	Cholesterol levels:
Cancer screenings (if applicable):	
Other test/s:	
Additional notes	
Healthcare professional information	
Name:	
License number:	Signature: